ANNEXURE

ANNEXURE– I

Rama Medical College Hospital & Research Centre

Mandhana, Kanpur

CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"SUPEROXIDE DISMUTASE 2 GENE (Val16Ala) POLYMORPHISM AND IT'S CORRELATION WITH TOTAL ANTIOXIDANT CAPACITY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS."**I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explain in detail in native language)

सहमतिफार्म

मैं .....son/पुत्री /पत्नी/.....स्वयंइसअध्ययनमेंभागलेनारहींहूं I

मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशितकरनेकीसहमतिदेतीहूं I

मैंसमझतीहूंकिमेरापहचानगोपनीयरखीजाएगी।

एकबारहस्ताक्षरकेपश्चातमैंसहमतिरद्दनहींकरसकतीहूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठेकानिशान:.....

दिनाक:.....

ANNEXURE-II

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:

NAME:

AGE:

ADDRESS:

SEX:

GENERAL PHYSICAL EXAMINATION:

HEIGHT:

WEIGHT:

BMI:

B.P:

NUMBNESS: YES/NO

CRAMPS:

BURNING SENSATION:

MUSCLE WEAKNESS:

URINE VOLUME: (NORMAL/INCREASED/DECREASED)

SWELLING: YES/NO

GENERAL INFORMATION FROM PATIENT:

DURATION OF DIABETES:

ANTIDIABETIC TREATMENT: INSULIN/DRUGS

FAMILY HISTORY:

APPETITE:

SLEEP:

NON HEALING ULCERS: (YES/NO)

SKIN PROBLEMS: (YES/NO)

CATARACT:

SMOKING:

SWEATING:

EDEMA:

ORAL CAVITY PROBLEM:

RECURRENT UTI:

SURGICAL HISTORY:

THIRST:

NAUSEA:

CADIAC PROBLEMS:

ALCOHOL HISTORY:

FREQUENCY OF URINE:

OTHER MEDICATION: